

Linda McCulloch, Superintendent Office of Public Instruction PO Box 202501 Helena, Montana 59620-2501 www.opi.mt.gov

Education of Homeless Children and Youths 2006 - 2009

GRANT APPLICATION

This application must be completed and signed by the authorized representative. The information in the application will be used to determine eligibility for awards under ESEA Title X, Part C, Subtitle B, of the McKinney-Vento Homeless Education Assistance Act of 2001 (Pub.L. 107-110). The authority for the Education of Homeless Children and Youth program is found in CFDA No. 84.196.

The application must be mailed to: Terry Teichrow, Office of Public Instruction, PO Box 202501, Helena, MT 59620-2501. Submission by fax will NOT be accepted. Applications must be received by 4:30 p.m., May 19, 2006, or postmarked no later than May 19, 2006.

If assistance is needed, please call the Educational Opportunity and Equity Division at (406) 444-2036.

A	. GENERAL PROJECT INFORMATION		
Thi	s application is filed on behalf of:		
1.	Prime Applicant District		
- 2.	Project Director/Contact		
2.	Troject Director Contact	Title	
	Mailing Address	City	ZIP Code
	Telephone Number	Fax Number	
3.	Project Schedule Requested		
	Project will begin	_ Project Schedule App	proved by OPI
	(Month/Day/Year) Project will end(Month/Day/Year)	Project will end	Day/Year)
4.	Total Funds Requested	FOR OPI USE	ONLY
	Year 1 \$ Year 2 \$ Year 3 \$	Project No School District Legal Entity	County No.

5.	Summer Project Regula	r Project	Combined	Summer/Regula	ar Project
6.	Area to be served by this project: List the school district(s) or county(ies).				
Hoi Fed	gnature Information: The Board of Trustees meless Education Assistance Act of 2001. Fulleral Programs and Specific Program Assurance he basic conditions for local participation an	orther, the Board of ces for those programmes	of Trustees has cert rams in which this d	ified that the Co istrict/agency pa	mmon Assurances for articipates are accepted
as i	ne basic conditions for focal participation an	d assistance in the		, ,	s mentioned above.
Rep	Signature Designated Authorized Representative for ESEA Consolidated Program Applicati TE: When personnel changes occur in the poresentative. This responsibility may be assume opersmith at the Office of Public Instruction.	sitions listed abov	County Superiors, the new person	al (if there is no Superintendent ntendent or Prince will become the	cipal) Designated Authorize d
7.	The information in the application is corre	ct and complete to	o the best of my kno	owledge.	
	Signature of Authorized Representative:				
			Da	ite	
8.	Each collaborating applicant that is not a Proof of Not-for-Profit status and a signed			t submit with th	nis grant application a
	The Collaborating Applicant Organization	is:			
	Name of Organization				
	Address		City	State	ZIP Code
	Name of Primary Contact Person		Te	lephone Number	<u> </u>
	Title				
	The Governing Board of the above organiz submission to the Montana Office of Publi provisions of the grant authorization if the	c Instruction. The	applicant will com		
	The information in the application is corre	ct and complete to	o the best of my kno	owledge.	
	Name, Governing Board Chair				
	Signature Governing Board Chair			 Date	

04/06

B. Special Program Requirements

1. **REQUIRED**

A demonstration that the local educational agencies (LEA) in the state have developed, and shall review and revise, policies to remove barriers to the enrollment and retention of homeless children and youths in schools in the state. Describe the LEA's process of review and what changes were made.

2. ASSURANCES

a.	agency and the state with respect to the fiscal year for which the determination	e provision of free public education by s	udent, or the aggregate expenditures of that such agency for the fiscal year preceding the of such combined fiscal effort or aggregate letermination is made.
	FY04 ending June 30, 2004		
	FY05 ending June 30, 2005		
b.	An assurance that the applicant compl section 722(g).	ies with, or will use requested funds to	comply with, paragraphs (3) through (7) o
 Sigi	nature of Authorized Representative		Date

C. PROJECT DESCRIPTION

	Name of person preparing application	Telephone number		
	Title			
A.	NEED FOR THE PROJECT: If the applicant has had a grant in prior year data related to the success or lack of success of the prior program. This see and Youth to be served.			
1.	Explain the level of need for the project in the community. Cite commu transportation) to demonstrate a need for this project. The indicators shoul Youth.			
2.	Explain the level of need for the project in the school district. Cite school tion, drop-out rates, current program ineffectiveness or problems) to demo			

04/06

B. PROJECT COLLABORATION AND COORDINATION

ь.	TROJECT COLLABORATION AND COORDINATION
1 A.	How will other school programs (i.e., Head Start, Title V, Part A, Special Education, Guidance Counseling) be coordinated with this program? Describe the extent of involvement in the planning of this program.
1 B.	Describe how the district will coordinate and integrate Title I services with the homeless children and youth program. Indicate how much of the Title I allocation will be set-aside [as required in Title I, Part A, Section 1112(O)] for assisting homeless children and youth in non-Title I schools, if necessary.
2.	How will community organizations and other local service providers be coordinated with this program? If this program has collaborating applicants, also describe how they were involved in the planning process and what their role will be in the program.

04/06

C.		BE SERVEI	

Eligible participants include children and youth who are runaways or homeless and those students who are at risk of becoming homeless.

1. How will the population be identified?

Ages: to	
Geographic area to be served: _	
_	(district, community, county)

2. Identify the population to be served by this project:

3. Describe what procedures or efforts will be made to assure that the program does not isolate or stigmatize homeless children and youth.

OBJECTIVES AND ACTIVITIES OF THE PROJECT D.

Describe the services and programs for which financial assistance is sought. Explain how the proposed use of funds will facilitate

and ensure enrollment, attendance, and educational success of the recognized population.		
Complete Objectives and Activities for Regular and Summer Projects.		
OBJECTIVE:		
ACTIVITIES and TIMELINES TO MEET THE GOALS: Objective 1:		
Activities and timelines:		
Objective 2:		
Activities and timelines:		
EVALUATION: How will you evaluate these objectives to assure the successful completion of each goal?		

E.	PARENT INVOLVEMENT			
	Explain the extent to which this school distri	ct can and will involve pa	rents in the education of their homeless child or	youth.
F.	Explain the extent to which homeless children program will not stigmatize these students.	en and youth will be integr	ated within the regular education programs and	how th
G.	PERSONNEL, EQUIPMENT, SUPPLIES	S AND TITLE I SET-ASI	DE	
1.	What personnel will have program responsibilities (describe each position)?			
	a Position	FTE	Funded: by project other	
	Position description:			
	b		Funded: by project	
	Position Position description:	FTE	other	
	rosition description.			
	c		Funded: by project	
	Position Position description:	FTE	other	
	1 contain accompanie			

04/06 -8-

2.	Explain the purpose and cost of any equipment that will be purchased with grant funds. Ing \$5,000 or more per unit with a life expectancy of more than one year.	Equipment is defined as hardware cost-
3.	Describe the purpose of required supplies.	
		Cost:
4.	Will any services be contracted? If so, which ones and why?	
5.	The amount set-aside from Title I funds to assist homeless children and youth.	\$
6.	Briefly describe in narrative the total budget for McKinney-Vento, Title I, district or other	ner funds.

-9-

04/06